

DISCHARGE REPORT

For the

NEBRASKA HOMELESS ASSISTANCE PROGRAM



Report period (Circle one): July, Aug., Sept.
Oct., Nov., Dec.
Jan., Feb., Mar.

Due on the 15th of the following month.
(Example: January report due February 15th)

Shelter: _____
Non-residential Provider: _____

Reporting Agency: _____

Grant #: _____

NAME OF INDIVIDUAL	GENDER	RACE	ETHNICITY	DATE OF BIRTH	DISCHARGING FACILITY	DATE OF ARRIVAL	PLANNED DISCHARGE		IF YES, WHAT IS THE PLAN?	ACTION TAKEN
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	YES	NO	Col. 9	Col. 10
1.										
2.										
3.										
4.										
5.										
6.										

Coding to Use:

1. Race: (Use the following letter to identify the race.)
 - a) White
 - b) Black/African American
 - c) Asian
 - d) American Indian/Alaskan Native
 - e) Native Hawaiian/Other Pacific Islander
 - f) American India/Alaskan Native & White
 - g) Asian & White
 - h) Black/African American & White
 - i) American Indian/Alaskan Native & Black/African American
 - j) Other Multi-Racial
2. Ethnicity: (Use the following letter to identify ethnicity.)
 - a) Hispanic or Latino
 - b) Not Hispanic or Latino
3. Date of Birth: MM/DD/CCYY. If Date of Birth is unknown, use 99-99-9999.
4. Discharge Facility: (Use the following letter to identify the institution.)
 - a) Lincoln Regional Center
 - b) Hastings Regional Center
 - c) Norfolk Regional Center
 - d) Prison
 - e) Jail
 - f) Youth Correctional Facility
 - g) Aged Out of Foster Care
 - h) Hospital
 - i) Other (please indicate type of institution)